N06000002050

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<i>⇒</i> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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10 DEC 16 AM 8:50
SECRETARY OF STATE

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FLORIDA DEPARTMENT OF STATE Division of Corporations SECRETARY OF STATE TALLAHASSEE, FLORIDA Division of Corporations

December 3, 2010

ROCIO BUSTELO 212 NE 3RD STREET HALLANDALE, FL 33009

SUBJECT: HALLANDALE OAKS HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N0600002050

We have received your document for HALLANDALE OAKS HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 510A00028201

TO: Amendment Section Division of Corporations

·		
NAME OF CORPORATION: Hallanda	ale Oaks-Homeo	owners Association, Inc
DOCUMENT NUMBER: NO6000	02050	
The enclosed Articles of Amendment and fee are subr	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Rocio	BUSTELO	
(Name of C	Contact Person)	
(Firm/	Company)	
2/2 NE 35+ #10		,33009
`	.ddress)	
Hallanda	le, F1, 330	09
	e and Zip Code)	
hallandale oaks ho a @ ye E-mail address: (to be used	tho.com < c: bust	-elorealtor@yanao.(o
For further information concerning this matter, please	call:	
Rocio Bustelo	at (<u>786</u>) <u>587</u> (Area Code & Daytime	7656
•		
Enclosed is a check for the following amount made pa	ayable to the Florida Department o	f State:
☐ \$35 Filing Fee	\$43.75 Filing Fee & Certified Copy (Additional copy is	S52.50 Filing Fee Certificate of Status Certified Copy
	enclosed)	(Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center C	ircle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation 10 DEC 16 AM 8:51 of Hallandale Oaks Honeowners TARABOLIAN Inc. (Name of Corporation as currently filed with the Florida Dept. of Stars) and the stars of the sta				
Hallandale OKS Honeowners TARAGE TINC.				
(Document Number of Corporation (if known)				
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:				
A. If amending name, enter the new name of the corporation:				
The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.				
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Hallandale Fl. 33009				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:				
Name of New Registered Agent: ROCIO BUSTELO				
New Registered Office Address: 212 NE 35+ #10 (Florida street address) HOUGE Address				
Hallqidale, Florida 33009 (City) (Zip Code)				
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing Page 1 of 3				

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
P	ROCIO BUSTELO	212 UE 35+#10 Hallandale, FI 33009	Add Remove
<u> </u>	carolina Espinora	212 NE 35+#3 Hollandale, Fl 33009	. E Add □ Remove
<u>SEC</u>	Jose Melgar	212 NE 35+#11 40/19/19/19/19	Add Remove
	g or adding additional Articles, enter citional sheets, if necessary). (Be specific		
		•	

The date of each amendment(s) add	ption: 11-5-19
	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ador was/were sufficient for approval.	ted by the members and the number of votes cast for the amendment(s)
There are no members or membe adopted by the board of directors.	es entitled to vote on the amendment(s). The amendment(s) was/were
Dated <u>noula</u>	nber 5, 2010
Signature	
(By the ch	nirry or vice chairman of the board, president or other officer-if directors een selected, by an incorporator – if in the hands of a receiver, trustee, o appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
. —	(Title of person signing)

Page 3 of 3.